

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

877-63-006343
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 877

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3198
3
4 0
5 1
6
7 0
8 2
9 332X
10
11
12 86-0
13

DATE AMENDED
4/10/63
4/10/63
4/10/63
INSTEAD OF
Jackson County
Kansas City
4107 Independence Ave.
DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ
2b Polk County
2c Bolivar
2d 820 West Freeman
BY AFFIDAVIT OF Informant
Shirlean

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN Bolivar	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KELLY NURSING HOME		d. STREET ADDRESS 820 West Freeman	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD BLEVINS		4. DATE OF DEATH Month Day Year FEBRUARY 9, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 2, 1974
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REFINERY		10b. KIND OF BUSINESS OR INDUSTRY SINCLAIR OIL CO.	11. BIRTHPLACE (City and state or country) BOLIVAR, MISSOURI
13a. FATHER'S NAME JOHN BLEVINS		13b. MOTHER'S MAIDEN NAME JONE'S	14. NAME OF HUSBAND OR WIFE ALICE BLEVINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address FERN RUSHLOW EUGENE OREGON
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis DUE TO (b) Cerebral Artery Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from FEB 1963 to Feb 1963 and last saw him alive on Feb 1963 Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 4606 St. John K. Ave. 22c. DATE SIGNED 2-9-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-9-63	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HOPE CEM.	23d. LOCATION (City, town, or county) (State) PLEASANT HOPE, MO.
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 2-9-63	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.